

9504

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## STANDARD CERTIFICATE OF DEATH

# Arizona State Board of Health

## BUREAU OF VITAL STATISTICS

State File No. \_\_\_\_\_

## 1. PLACE OF DEATH

County Yavapai State ARIZONA Registered No. 168-5  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Prescott No. County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 21 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 2. FULL NAME Mrs. Celia R. Bennett How long in State when death occurred 60 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(a) Residence: No. Kirkland, Arizona. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Widow  
 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lon D. Bennett  
 6. DATE OF BIRTH (month, day, and year) Aug. 10, 1869  
 7. AGE Years 69 Months 0 Days 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Prescott  
 (State or Country) Arizona.

13. NAME Thomas Buckman

14. BIRTHPLACE (city or town) Kentucky  
 (State or Country)

15. MAIDEN NAME Sarah Russell

16. BIRTHPLACE (city or town) Kentucky  
 (State or Country)

17. INFORMANT (Address) Mrs. Ray Bennett  
Yava, Arizona.

18. BURIAL, CREMATION, OR REMOVAL Burial  
 Place Thompson Valley Date Aug. 13, 1938

19. EMBALMER { License No. 8 A  
 Signature Lester Ruffner

FUNERAL DIRECTOR Lester Ruffner  
 Address Prescott, Arizona.

20. Filed Aug 12, 1938 Jos P McNally  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/10/38

22. I HEREBY CERTIFY That I attended deceased from July 11, 1938, to Aug 10, 1938

I last saw her alive on Aug 6, 1938 death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Cardiomyopathy of Alcoholic

Other contributory causes of importance:

Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) R. M. Rooney M. D.

(Address) Prescott, Arizona.